Supplement 3 to Attachment 3.1-A Page 1

	State:	New Jersey	
ANI	O REMEDI	AMOUNT, DURATION AND SCOPE OF MEDICAL AL CARE SERVICES PROVIDED TO THE CATEGORICALLY NEED	ΟY
		PACE SERVICES	
		·.	
<u>X</u>		New Jersey has not entered into any valid program agreements with a der and the Secretary of the Department of Health and Human Services.	
		has entered into a valid program agreement(s) with a PACE and the Secretary, as follows:	
	Name of P	CE provider:	
	Servi	e area:	
	Maxi	num number of individuals to be enrolled:	
-		should be provided for all PACE providers with which the State Administer and the Secretary have entered into valid program agreements.)	ing
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98-14-MA(NJ)

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